DOCUMENT RESUME

ED 210 596 CG 015 621

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TITLE Families and Drugs: A Life-Span Research Approach.
PUB DATE Aug 81
NOTE 28p.; Paper presented at the Annual Convention of the American Psychological Association (89th, Los Angeles, CA, August 24-26, 1981).

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Behavioral Science Research; Drug Abuse; *Drug Use; Family (Sociological Unit); *Family Life; Family Role; *Individual Development; Interpersonal Relationship; Life Style; *Perspective Taking; *Research Needs; *Sociocultural Patterns; State of the Art Reviews; Systems Approach

ABSTRACT

The study of human development and behavior from a life-span perspective is an area of growing interest, and the family is a natural laboratory for this study. Research in the area of drug abuse demonstrates that drug use is not limited to any one population segment or age group, but is pervasive across population subgroups. More and more evidence suggests that the family is clearly implicated in the initiation, maintenance, cessation, and prevention of drug abuse by its members. Systems, intergenerational, and life-cycle studies of the past have relevance to a life-span perspective and can provide a database from which more specific life-span-oriented studies may be conducted. Life-span oriented drug abuse research must identify and understand the complex variables which can contribute to the development of drug abuse during an individual's lifetime. Through the family, the complex roles on drug abusing behaviors of societal institutions, peer groups, and developing technology can be studied. As a first step toward the integration of a life-span orientation with more traditional drug abuse research approaches, several content-related and methodological questions must be explored. (NRB)

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Families and Drugs: A Life-Span Research Approach

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Presented at the Eighty-Ninth Annual Meeting of the American Psychological Association, Los Angeles, California, August 24-28, 1981; the views presented in this paper are not necessarily those of the National Institute on Drug Aubse or the U.S. Department of Health and Human Services.

Families and Drugs: A Life-Span Research Approach

Background

Life-span perspective. The study of human development and behavior from a life-span perspective is an area of growing interest. As noted by Danish (1981), an increasing number of major publications (e.g. Rebelsky, 1975; Baltes et al., 1977; Mussen et al., 1979), conferences (e.g. Baltes and Schaie, 1973; Datan and Reese, 1977; Lerner and Spanier, 1978) and an annual series (Baltes, 1978; Baltes and Brim, 1979, 1980) have been devoted to a life-span approach. As an additional indicator of interest in this perspective, the Annual Review of Psychology recently included a chapter on life-span developmental psychology (Baltes et al., 1980).

Several definitions of this field have been developed. Baltes and Goulet (1970), for example, state that "Human life-span developmental psychology is concerned with the description and explication of ontogenetic (age-related) behavioral changes from birth to death (p.12)", emphasizing, however, the need for an "...integrative conceptualization of the totality of (these) ontogenetic behavioral changes...(since) the bulk of research efforts in developmental psychology has been conducted thus far by researchers whose primary orientation was toward specific age periods such as infancy etc. without any comprehensive attempts to integrate the findings within the framework of the life span (p.13)". More recently, Baltes and Brim (1979) note that a life-span approach "...suggests that behavior develops throughout life (from conception to death) and, moreover, that developmental processes, whatever their age

location, can be better understood if they are seen in the context of the entire lifetime of individuals (p.xi)". As may be seen from these definitions, and in other special areas of study such as community psychology, life-span developmental psychology may best be considered an orientation rather than a theory (Baltes et al., 1980).

Finally, Danish (1981) has summarized the life-span perspective by observing that it assumes that (1) development is a continual process, not limited to any particular life-stage; (2) change will occur in various interconnected domains (social, psychological, biological) and appropriate research and clinical responses thus must be made from a multidisciplinary, pluralistic focus; (3) change is sequential and therefore must be viewed within the context of any preceding and following developmental changes; and (4) individual change must be considered within the context of prevailing norms and the zeitgeist.

Life-span perspective and the family. The family is a natural laboratory for the study of behavior from a life-span perspective. Not only do a broad range of behaviors take place within the family's sphere of interest but, also, the entire array of life-stages may be viewed and studied within it.

There have, of course, been numerous approaches developed to study the life-stages of the individual (e.g. Erikson, 1950; Clausen, 1972; Elder, 1975) and the family (e.g. Glick, 1947, 1977; Feldman and Feldman, 1975; Segalen, 1974). A difficulty inherent in these approaches,

however, concerns their utility in attempting to view development in an integrated, pluralistic fashion. Hill and Mattessich (1979) have observed this difficulty in their attempt to interface family development and life-span development perspectives, particularly with regard to age stratification.

Although it has been traditional to study individual human development from an age (or stage) stratification perspective, Hill and Mattessich point out that this perspective may be inadequate when families (or even communities) become the object of study. Within a family, individuals of different ages, norms and eras are developing simultaneously and to study them in an individual age-stratified manner is to ignore the vital behavioral affects of their interaction. Thus it is in the context of the family that the systemic life-span orientation may be of most value when behavior prediction or clinical intervention is attempted. Family theorists such as Henry (1965), Laing (1969, 1970), and Laing and Esterson (1964) have implicitly used this approach in their studies of whole families. Additionally, Elder (1978) and Hill and Mattessich themselves have suggested that the construction "...of an integrated model of individual development and family development wherein the complementary processes of each type of development would be clearly explicated (p.189)" is a worthy goal.

Life-span perspective, the family and drug abuse. A growing body of evidence (e.g. Seldin, 1972; Harbin and Maziar, 1975; Stanton, 1978, 1979; Glynn, 1981a) suggests that the family is clearly implicated in the

initiation, maintenance, cessation, and prevention of drug abuse by one or more of its members. Further, although nearly all drug abuse research focuses on a specific population (e.g. adolescents, the elderly), tables 1-3 demonstrate that use is not limited to any one segment of the population but is pervasive across population subgroups.

Tables 1-3 about here

Table 1 summarizes the results of the most recent National Institute on Drug Abuse (NIDA) - sponsored National Household Survey on Drug Abuse, indicating significant rates of drug use not only among the 25 and younger population but also among the older adult (26+) population. Table 2 presents a summary, by age and drug, of drug-related emergency room visits reported to the NIDA-Drug Enforcement Administration - sponsored Drug Abuse Warning Network data system during 1979. The data in this table clearly demonstrate that, although certainly more concentrated within certain age groups, drug-related problems are not by any means limited to any one of these groups, including those adults 50 years of age and over. Finally, Table 3 reports the age-related results of a 1978 New York State - sponsored household survey on illicit and nonmedical drug use. These findings also point to the conclusion that drug abuse is a concern across all age groups.

The significance of these data for the life-span study of the family

is two-fold. First, since they suggest that drug problems are not limited to any one age group but may, rather, be found across all ages, the family (consisting of a configuration of individuals of these different ages) then becomes a natural focus for the study of drug abuse. Second, and perhaps more directly relevant for a life-span orientation, the realization that drug abuse is not solely an age-related behavior permits and encourages the researcher to view the family and its drug-abusing member(s) from an interactive, systems perspective, one that regards drug abuse as a developmental behavior dependent not only upon the user's age but also upon past history and future expectations, interaction with other using and nonusing family members, peer influence, family attitudes and environment and any of the other numerous variables which may influence drug use at any time across the life-span.

Previous Research

As noted above, the bulk of previous drug abuse research has focused on such discrete groups as adolescents, heroin users or women but there is a growing realization, as evidenced in Tables 1-3, that drug abuse is not an equally discrete behavior. The boundaries relevant to past research may not accurately reflect the developing patterns of drug use in our society and the growing number of studies focusing on the family and, more specifically, on the family from a life-span perspective, may be a reaction to such new patterns. While this interest in the study of families and the life-span is relatively new to the drug field, there is a body of literature either directly or implicity related to it upon

which future studies can build. Although the increasing extent of drug-related literature focusing on the family (e.g. Stanton, 1978; Glynn, 1981a) demonstrates this field's belief in the multidimensional bases of drug use, there are subsets of this literature which may be more specifically relevant for a life-span perspective. Although the boundaries between these literature subsets are by no means clearly defined and are often intermeshed, they may be separately termed Systems, Intergenerational, and Life-Cycle studies. Several representative studies from each of these subsets, and their relevance to a life-span perspective, are briefly described below.

Systems Studies. These studies build upon the rich literature on family systems theory developed in the 1950's and 60's (e.g. Bateson et al., 1956; Jackson, 1957; Haley, 1963, 1971; Watzlawick et al., 1967). In their most basic form, they approach the study of drug abuse in the family from the perspective that the behavior of each member of the family affects all other members, that no behavior is without its consequences. Thus, although the drug abuser may be the "identified patient", his or her deviance cannot be understood and dealt with without understanding the interactions and dynamics of the entire family.

Stanton and his colleagues have explored this approach in depth and have developed a theory in which

> ...it is proposed that drug addiction be thought of as part of a cyclical process involving three or more individuals, commonly the addict and two parents. These people form an intimate, interdependent, interpersonal system. At times the equilibrium of this interpersonal system is threatened, such as when discord between the parents is amplified to the point of impending separation. When this happens, addicts become activated, their behavior changes, and

> they create situations that dramatically focus attention upon themselves (Stanton, 1980, p.153).

Viewed in this way, a systems approach to the study of drug abuse requires the researcher to collect data across the family life-span. Without this perspective, information regarding changing family norms, sequences, and recurring patterns of behavior, as well as important developmental changes within the family, may be lost.

Although Stanton et al. (1978) point out that most family-oriented theoreticians tend to regard the addiction process in linear causal terms (i.e. A causes B, or A and B cause C) rather than as a complex set of feedback mechanisms operating within an open-system, repetitive cycle (i.e. A causes B, B causes C, C causes A), there are others who do advocate this approach. Coleman (e.g. 1979, 1980, 1981) has designed her studies from a systems perspective, noting the repetition, across the life-span of the family, of familiar crises and behavior sequences. Huberty (e.g. Huberty, 1975; Huberty and Huberty, 1976) also utilizes a systems approach and views drug abuse as a cyclical behavior growing out of family problems, such as poor communication and failure to accept responsibility.

Intergenerational Studies. A number of researchers have conducted studies investigating the premise that drug abuse is best understood as an intergenerationally or multigenerationally transmitted behavior. The life-span relevance of these studies, of course, is that, in attempting to understand the drug abuse of one family member, they advocate the

collection of data from numerous people at different points in the life of the family.

Distasio (1975, 1978), for example, in her attempt to understand the behavior of the female addict, collected data from the children and parents of her subjects and analyzed their role in the drug abuse of the female. Madanes et al. (1980) tested the hypothesis that heroin addicts are enmeshed with their parents or parental surrogates in alliances across generational lines and in reversals of the hierarchical organization of their families that, clinically, appear to perpetuate the addictive behavior. Controneo and Krasner (1976) investigated the relational components of grandparents, parents, mates, and children in shaping the lives of addicted persons. Kandel (e.g. 1974) has intensively studied the inter - and intragenerational influences involved in adolescent drug use and Coleman (1981) has investigated the multigenerational life-cycle patterns of heroin addict families in comparision with psychiatric patients, stressed community college students, and normal college students. Although the broad conclusion of this research is that drug abuse has an intergenerational component, there are other studies (e.g. Binion, 1979) which challenge that conclusion and suggest instead that, when all relevant factors are controlled, the family lives of users and nonusers of the same socioeconomic background are only minimally different.

Life-Cycle Studies. Although this research approach has often been utilized in the mental health area (e.g. Dohrenwend and Dohrenwend, 1974, 1977), it has seldom been a focus of the drug field. While the mental

health literature has not always agreed upon the most salient life events or aspects of the life-cycle to study, (e.g. starting school, marriage, birth of first child, death of parent), the broad approach of studying development or adjustment from the perspective of one or more life events has been an accepted research approach for some time.

In the drug abuse research field, those who have utilized a life cycle approach have not necessarily done so in a concious effort to study drug abuse from a life-span orientation. Nevertheless, studies have been carried out and theoretical perspectives developed which fall into a life-span perspective. Duncan (1978), for example, asked adolescent drug users to identify stressful family life events (e.g. parents divorced, hospitalization of sibling, loss of job by a parent) which occurred in the year preceding their first illicit drug use. Coleman (1981) has also investigated the significance for later drug use of certain life events (e.g. significant childhood separations, moving away from home, parental divorce) in the families of heroin addicts.

Others have focused on specific aspects of the life-cycle. Noone and Reddig (1976), for example, regard drug abuse as a symptom of an interruption in the life-cycle of a family, a symptom indicating that the family is having difficulty getting past a particular life-cycle stage. The stage they focused their research on, based upon earlier research, was the point at which the young become independent from their parents. Coleman (1980) and Coleman and Stanton (1978) have focused on the role of death in the addict family, including the hypothesis that unresolved mourning for a deceased member of the family (e.g. sibling, parent,

grandparent) may contribute to the development of drug abuse within the family.

Finally, Spotts and Shontz (1980, 1981) have developed a theoretical framework which, while not directly focusing on the family, addresses the issue of life-cycle changes and their role in an individual's drug use patterns. Characterizing their approach as a "life theme theory of chronic drug abuse", they put forth a developmental theory which draws heavily upon the ideas of Jung. They have intensively studied small groups of barbiturate users, opiate users, amphetamine users, cocaine users and a non-using control group and established a number of Jungian life-cycle stages (e.g. Establishment of the Self-Reflecting Ego, Transition: Loss of Mythic Roots, Isolation, Hollow Victory) which they use to aid in explaining the patterns and development of particular types of drug abuse across an individual's entire life-span.

Although, as noted earlier, the studies in the areas reviewed above - Systems, Intergenerational, and Life-Cycle studies - have not necessarily been designed from a life-span perspective, they do provide a data base from which more specifically life-span oriented studies may be conducted.

Future Research

The goal of future life-span oriented drug abuse research should be to more clearly identify and understand, in such a way that reasonable interventions can be designed, the growing number of complex variables

which are thought to contribute to the development of drug abuse during an individual's lifetime. Although it is suggested here that the family be the focus of such a research effort, the family cannot, of course, remain the sole object of this research. Rather, through the family, the enormously complex role on drug using behavior of societal institutions (e.g. government, media, schools), peer groups, developing technology and so on can be studied. In order to make a first step toward the integration of a life-span orientation with more traditional drug abuse research approaches, the following are among the content-related and methodological questions which would need to be explored:

- o Are there predictable stages or patterns of drug use and abuse across the life-span? Kandel and her colleagues (e.g. Kandel, Kessler and Margulies, 1978) have developed a stage model of adolescent progression into drug use. Are there similar stages, with different substances, beyond adolescence? Would such stages be continuous or would intervals between stages be expected? Who might be most susceptible to progression through several levels of such stages?

- o Is drug abuse a behavior that may be transmitted across generations? Laing (1969, 1970) has argued that it takes at least three generations of dysfunction before a schizophrenic is diagnosed within a family. What role do other generations (e.g. children, grandparents, parents) play in the development of a drug-abusing family member? Does the behavioral legacy of deceased family members impact upon other generations and, if so, how?

- o What concatention of social, psychological and biological conditions place an individual at the greatest risk for drug abuse? One of the primary contributions of a life-span orientation is its insistence upon a multidisciplinary, pluralistic focus. Are there predictable points in an individual's life when there is, in a sense, a critical mass of seemingly unconnected conditions which, if occurring together, place that individual at risk of initiation to drug abuse? Are there identifiable precipitating factors or events related to these conditions?

- o Are there individuals who are invulnerable to drug abuse throughout the life-span? There is often an assumption that individuals who remain essentially drug free throughout adolescence and young adulthood will remain so throughout life. Is this assumption correct? Or are there conditions or periods when previously drug free individuals are susceptible to initiation? How do drug free,

or essentially drug free, adults differ from adults who are abusers?

- o How does drug abuse or non-use at one period in an individual's life affect future drug use patterns? An assumption of the life-span orientation is that change is sequential and must be viewed within the context of any preceding and following changes. Do certain patterns of drug use during adulthood place one at greater risk for drug problems during late middle age? If one has had little or no exposure to drugs during adolescence, is that individual more or less susceptible to drug use during adulthood?

- o How do families who play either facilitative or preventive roles with regard to their member's drug use differ? Some families appear to act as preventive agents and others as facilitators for durg abuse among one or more of their members. How do these families differ, not only in characteristics such as their interaction patterns, attitudes, SES, etc. but in their history and their future plans? Do these families follow characteristic patterns, either day-to-day or across generations?

- o What changes take place, over the life-span, in the composition and salience of an individual's reference groups in regard to drug use? While substantial amount of study has been conducted to investigate the relative influence of family and peers on adolescent drug use (e.g. Kandel, 1974; Glynn, 1981b), influence sources at other times across the life-span have received little attention. What reference group(s)(e.g. children, spouse, peers, parents) most influence the older adult who is abusing prescription drugs ? How do changing societal norms intersect with salience of reference group in preventing or facilitating drug abuse?

- o What roles do societal institutions other than the family play in preventing or facilitating drug use across the life-span? While individuals are influenced by their family throughout their life, other influences are more time-limited but have the potential for substantial impact. What roles do schools play? Self-help groups? Government? Community organizations?

- o Are longitudinal studies the only effective method of obtaining valid life-span data concerning drug use? Extended, prospective longitudinal studies are certainly the most appropriate method for life-span studies, but they are also among the most expensive and problem-fraught designs. Can cross-sectional, retrospective, life-history studies yielding appropriate data be designed? Can such approaches as representative case design (e.g. Shontz, 1977) or appropriate quasi-experimental designs incorporate relevant life-span data from such subject configurations as nuclear families, extended families, the elderly, and single-parent families?

- o What is the value of age-specific studies to life-span drug abuse research? Tables 1-3 suggested that drug abuse occurs at all points of the life-cycle. Is age therefore a valid independent variable upon which to focus in future life-span drug abuse

research? Or, can age-specific studies be useful in identifying what is unique and what is common to different life periods and thus facilitate a comparative approach to the study of age (and its concomitant variables) effects on drug-using behavior?

- o Are data bases available upon which secondary analyses can be conducted which are of relevance to life-span drug abuse research? The family has been the focus of an enormous amount of study from the perspective of numerous disciplines. Can the data from any of these studies be tapped and re-analyzed from a life-span perspective? Are there studies which have collected both relevant drug use information and life-span data which have not been specifically analyzed with their drug content in mind?

- o What is the comparative value, for life-span drug abuse research, of observational, ethnographic family studies vs. experimental studies? Handel (1967) observes that we do not yet know very fully, much less exactly, what we should be looking for when we study families and that, consequently, we need both observational and experimental studies. What kinds of observation do we need, e.g. whole families, individuals in the context of their families, explorations of family themes? How can the data from these observational studies best be incorporated into future experimental studies?

- o What unique methodologies and instruments need be and can be developed to most fruitfully conduct life-span drug abuse research? A life-span orientation to research requires that development be seen as a continual, sequential process which is sensitive to prevailing norms and best studied from multidisciplinary, pluralistic focus. What existing research strategies (e.g. Bentler, 1980) can be best utilized in this research? What new strategies need to be developed? Are there existing instruments (e.g. Coleman, 1981) which will yield life-span data relevant to drug abuse? Should others be developed?

This is, of course, not an exhaustive list of research questions. It should, however, provide a foundation for needed drug abuse research from a life-span perspective.

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TABLE 1

Lifetime Prevalence of Drug Use Among Youth, Young Adults and Older Adults

(Adalpted from Fishburne, P.M. et al. National Survey on Drug Abuse Main Findings, 1979. Washington, D.C.: U.S. Government Printing Office, 1980)

DRUG	EVER USED (%)		
	Age 12-17	Age 18-25	Age 26+
Marijuana	30.9	68.2	19.6
Inhalants	9.8	16.5	3.9
Hallucinogens	7.1	25.1	4.5
Cocaine	5.4	27.5	4.3
Heroin	.5	3.5	1.0
Stimulants (Nonmedical Use)	3.4	18.2	5.8
Sedatives (Nonmedical Use)	3.2	17.0	3.5
Tranquilizers (Nonmedical Use)	4.1	15.8	3.1
Analgesics (Nonmedical Use)	3.2	11.8	2.7
Alcohol	70.3	95.3	91.5
Cigarettes	54.1	82.8	83.0

TABLE 2

AGE CHARACTERISTICS
ASSOCIATED WITH MENTIONS OF THE TOP TWENTY DRUGS
DAWN EMERGENCY ROOMS - JANUARY-DECEMBER 1979

(Source: National Institute on Drug Abuse. Drug Abuse Warning Network: 1979 DAWN Annual Report. Washington, D.C.: U.S. Government Printing Office, 1980)

istribution of Mentions

rug	Total Mentions #	6-9 %	10-19 %	20-29 %	30-39 %	40-49 %	50 & over %	Unknown/ No Response %	Total %
lcohol-in-Combination	25,032	*	17.0	39.9	22.9	11.7	7.7	0.8	100
iazepam	18,557	*	15.0	40.2	23.9	11.6	8.6	0.7	100
eroin/Morphine	6,822	*	4.0	59.1	28.2	6.0	1.5	1.2	100
spirin	6,682	0.2	40.8	32.9	15.0	5.8	4.8	0.5	100
CP/PCP Combinations	6,002	*	34.3	53.4	8.9	1.5	0.4	1.4	100
lurazepam	4,666	0.1	10.9	29.3	25.2	16.3	17.7	0.5	100
arijuana	4,555	*	37.5	42.2	15.1	4.0	0.7	0.4	100
-Propoxyphene	3,585	*	23.5	39.4	19.7	9.6	7.3	0.4	100
mitriptyline	3,297	0.2	11.2	36.0	26.7	14.3	10.4	1.2	100
cetaminophen	3,296	0.1	36.4	36.7	15.5	6.4	4.3	0.6	100
ethaqualone	3,270	*	29.3	56.4	11.4	1.4	0.9	0.5	100
hlordiazepoxide	2,869	*	10.2	32.0	26.0	17.3	13.6	1.0	100
ocaine	2,846	-	12.9	58.5	22.1	4.8	1.2	0.6	100
henobarbital	2,799	0.1	16.1	38.3	25.4	10.6	8.7	0.8	100
ecobarbital/Amobarbital	2,516	0.1	13.7	60.2	16.7	4.8	3.3	1.2	100
ydantoin	2,466	0.4	11.7	33.3	28.0	15.0	10.9	0.6	100
ethadone	2,415	*	3.1	57.5	29.6	6.1	1.7	2.0	100
ver-the-Counter Sleep Aids	2,260	*	27.7	46.3	15.7	5.7	4.0	0.6	100
hlorpromazine	2,170	*	11.9	42.4	24.0	13.1	8.2	0.4	100
mphetamine	1,996	0.1	23.6	54.4	16.7	3.4	1.3	0.6	100

> >.05%

TABLE 3

Lifetime Use of Drugs by Age Group in New York State

(Adapted from: Lipton, D.S. et al., Drug Use in New York State: A Report on the Nonmedical Use of Drugs Among the New York State Household Population, New York: State of New York Division of Substance Abuse Services, 1978)

% = Percentage of Total State Population 14 and Older

Illegal Drugs Ever Used	Total %	14-19 %	20-24 %	25-34 %	35-44 %	45 and older %
Cocaine	3	4	10	6	2	>1
Heroin	1	1	3	2	1	>1
Psychedelics	4	6	12	7	2	>1
Inhalants/Solvents	2	2	4	4	1	>1
Marijuana/Hashish	18	40	50	32	10	2
Legal Drugs Ever Used Nonmedically	%	%	%	%	%	%
Analgesics	4	4	9	7	4	1
Methaqualone	2	4	7	4	1	>1
Other Barbs./Sed.-Hypnotics	2	4	8	4	2	>1
Minor Tranquilizers	4	5	9	8	3	1
Prescription Diet Pills	2	2	6	4	3	>1
Other Stimulants	4	4	9	7	3	1
Cough Medicine with Codeine	3	4	5	5	4	2
Methadone	>1	1	1	1	1	>1
Other Narcotics	2	2	5	3	2	>1
Ever Used at Least One Illegal Drug or Legal Drug Nonmedically	23	41	56	38	17	6